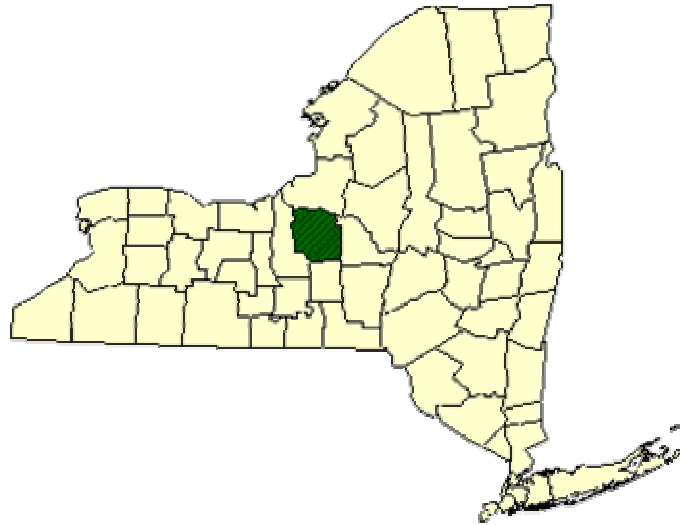


Obesity in Onondaga County: *A Community's Call to Action*



A Report for the Commission for a Healthy Central New York

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June 4, 2004

Executive Summary

The Commission for a Healthy Central New York was established as a forum to catalyze community action in Central New York to improve its overall health status. Within the framework of Health People 2010, the Commission's approach has included evaluation of community needs and assets, identification of gaps in service, definition of successful partnerships, and identification of organizations with resources with the capacity to implement strategies oriented to improve health status.

In partnership with Syracuse University's Maxwell School of Public Affairs and Citizenship, the Commission defined a project for seven public administration graduate students to complete within a four-week timeframe. The goal was to develop a countywide plan for obesity prevention and treatment and recommendations for the Commission's role in this pressing health concern. The methods utilized by this student group included interviews, research, information analysis, and creative synthesis.

Introduction --- Parallel with communities across the country and the world, Onondaga County is facing the health and economic consequences of obesity. The percentages and costs are critical signs of obesity's epidemic proportion. Further, the health disparities that exist in communities of color require additional attention.

Background --- Beyond the startling percentages of obesity, the root causes are found in the basic equation of food intake and energy output. Food consumption in the United States has changed with greater caloric intake, larger portion sizes, lack of healthy food options, and alterations in family life. In addition, physical activity has dropped during an increase in sedentary time, diminished physical education in schools, a shortage of safe neighborhoods, and a lack of recognition in transportation development.

As evident in the extent of historical and current efforts, policy and legislation is focused on this issue. Health insurance coverage attempts to address maintenance and treatment options but offers limited assistance for preventative measures.

Ideal Model --- In exploring any basis for community collaboration and achievement, the ideal model offers a vision of stakeholder actions.

Available Services in Onondaga County --- Onondaga County resources addressing obesity prevention and treatment were accumulated through statistical data, interviews, and additional research. Highlights of these are identified in several settings including community-based, schools, healthcare, worksites, low-income and underserved populations, and community planning.

Barriers and Gaps --- From the community assessment process, barriers and gaps in Onondaga County are established. These aspects of were accumulated from the current members of the community who are active with these issues and programs.

Recommendations --- The recommendations developed take into account an inventory of current resources, a vision of an ideal community model, barriers and gaps in the community and national evidence-based and innovative initiatives.

Implementation Recommendations --- Fluid throughout the community assessment and recommendations is the need for a coordinating and communication mechanism. The Commission in its organizational composition and influential position can offer this facilitating component to addressing obesity prevention and treatment. Therefore, implementation of the recommendation proposals, discussed below, is dependent on access to resources.

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Introduction

Obesity has now reached worldwide epidemic status. As recent as May 22, 2004, the World Health Organization (WHO) developed strategies to target the “growing burden of noncommunicable diseases.” The WHO is embarking on what it calls the Global Strategy on Diet, Physical Activity and Health. As the WHO takes on strategies to combat the ever-growing obesity epidemic, the United States itself is engaged in many national initiatives to stem the tide. Healthy People 2010 is a federal initiative sponsored by the Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services. Ten leading health indicators were identified for the nation, with overweight and obesity on that list. Healthy People 2010 further identifies 28 focus areas, two of which are nutrition and overweight, and physical activity and fitness. Healthy People 2010 objectives for overweight and obesity include:

- Increase the proportion of adults who are at a healthy weight;
- Reduce the proportion of adults who are obese;
- Reduce the proportion of children and adolescents who are overweight or obese;
- Reduce the proportion of adults who engage in no leisure-time physical activity;
- Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Why has there been so much recent focus on overweight and obesity? The statistics are hard to discount. Approximately 61% of Americans can now be classified as overweight or obese¹. Of that, an estimated 15% of children ages 6-19 are considered to be overweight or obese. The increase in this health problem also correlates to an increase in other health factors. Type 2 diabetes is on the rise in children and adults, with 63% of adults and up to 85% of children estimated to be overweight/obese at time of diagnosis.² In addition to Type 2 diabetes, being overweight/obese contributes to increased hypertension, heart disease, cancer, stroke, and complications with reproductive functioning. In fact, obesity has an association with chronic health conditions that is analogous to 20 years of aging.³ For children, the probability of

¹ Excellus Policy Report. Obesity in Upstate New York.

https://www.excellusbcbs.com/download/files/excellus_health_policy_report_7.pdf

² Grant Makers Health Issue Brief II. Weighing in on Obesity: America’s Growing Health Epidemics.

http://www.gih.org/usr_doc/Obesity.pdf

³ Sturm, R. *The Effects of Obesity, Smoking and Drinking on Medical Problems and Costs*. Health Affairs, 2002; March-April 21(2) at pg 245.

childhood obesity persisting into adulthood is estimated to be 20% at the age four and 80% likelihood by adolescence.⁴

In addition to increased health problems, Americans have adopted a more sedentary lifestyle. Only 15% of adults (age 18 and up) engage in the recommended 30 minutes of moderate physical activity a day.⁵ It has also been reported that 25% of adults engage in no physical activity during leisure time.⁶ Children are not faring much better. There is more access to junk foods and less time spent in physical education. A decrease in physical activity has been exacerbated by the increase in food portion sizes and the intake of foods that are high in sugar, fat, and calories.⁷

Furthermore, this growing epidemic has come at substantial economic cost. Between the direct and indirect costs, it has been estimated that overweight and obesity is coming at cost of \$117 billion to the nation.⁸ The healthcare costs alone have been estimated at \$75 billion in 2003.⁹ Overweight/obesity is also correlated with a 77% increase in medication use and a 36% increase in inpatient and outpatient healthcare spending. With United States obesity rates reaching epidemic proportions--currently, more than 14 million Americans are morbidly obese--national demand for surgery is soaring. In 2002, the number of bariatric procedures jumped 40% to 80,000. According to the National Institutes of Health (NIH), the number of surgeries topped 120,000 in 2003.¹⁰

Along income lines, wealthier individuals usually lead healthier lives and choose better diets. Among lower income households, 34% of children are obese, compared with 19% from higher income households.¹¹ The nutrient intake seems to be the same across income groups, but lower income groups choose diets that are higher in calories, fat, meat, sugar, and therefore

⁴ Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *American Journal of Clinical Nutrition*. 1999;70(Suppl):145S-148S.

⁵ Healthy People 2010. <https://www.healthypeople.gov>

⁶ Grant Makers Health Issue Brief II. Weighing in on Obesity: America's Growing Health Epidemics. http://www.gih.org/usr_doc/Obesity.pdf

⁷ Ibid.

⁸ Grant Makers Health Issue Brief II. Weighing in on Obesity: America's Growing Health Epidemics. http://www.gih.org/usr_doc/Obesity.pdf

⁹ Excellus Policy Report. Obesity in Upstate New York.

https://www.excellusbcs.com/download/files/excellus_health_policy_report_7.pdf

¹⁰ University of Alabama at Birmingham (UAB), *UAB Insight, Winter 2004*

¹¹ Center on an Aging Society. 2002. "Childhood Obesity: A Lifelong Threat to Health." *Georgetown University #2 (March):1-6.*

exhibit higher rates of obesity and disease.¹² The availability of healthier options and the marketing of specific products to income groups and neighborhoods are additional sources of discussion and discrepancy. Many of these figures are most likely underestimated, as overweight and obesity costs for lower socioeconomic populations without health insurance are unknown.¹³

Health disparities also exist in communities of color. Obesity is present in almost 30% of African Americans, nearly 25% in Hispanics, and 18% in whites.¹⁴ Among children, African American girls are more likely to be obese compared to their white and Mexican counterparts, while Mexican boys are more likely to be obese than white or African American boys. One study found that from 1986 to 1996, the prevalence of overweight African American and Hispanic boys and girls increased by 120%, compared to only 50% among white boys and girls.¹⁵

New York State and Upstate New York

Comparing New York State (NYS) and Upstate New York to national averages, NYS ranked second highest in the United States in medical expenditures for adult related obesity health issues. The spending was estimated at \$6.1 billion. When focusing on Upstate New York, it has been estimated that approximately 59% of adults are overweight or obese. This percentage translates into an estimated population of 1.4 million overweight and 800,000 obese Upstate New York adults. Forty-six percent of African Americans in Upstate New York, compared to 35% and 33% for whites and Hispanics, respectively, are overweight. For the Upstate region, a combined total of \$914 million in medical spending is attributable to overweight and obese adults.¹⁶

¹² Wilde PE, McNamara PE, Ranney CK. "The effect of income and food programs on dietary quality: a seemingly unrelated regression analysis with error components." *American Journal of Agricultural Economics* 1999;81:959-971.

¹³ Excellus Policy Report. Obesity in Upstate New York.
https://www.excellusbcbcs.com/download/files/excellus_health_policy_report_7.pdf

¹⁴ Grant Makers Health Issue Brief II. Weighing in on Obesity: America's Growing Health Epidemics.
http://www.gih.org/usr_doc/Obesity.pdf

¹⁵ Ibid.

¹⁶ Excellus Policy Report. Obesity in Upstate New York.
https://www.excellusbcbcs.com/download/files/excellus_health_policy_report_7.pdf

Onondaga County

According to recent statistics from the Onondaga County Health Department Bureau of Surveillance and Statistics, Onondaga County closely mirrors national trends. Fifty-six percent of Onondaga County residents are overweight or obese. In addition:

- 44% of male respondents are overweight and another 24.9% are obese. For the US, the comparable rates for males are 45% overweight and 21% obese. In NYS, 49% of males are overweight and 16% are obese.
- About 29% of female respondents are overweight and another 18% are obese. For the U.S., the comparable rates for females are 29% overweight and 20% obese. In NYS, 30% of females are overweight and 19% are obese.
- For respondents who had seen a physician during the previous 12 months, 13% of those who are overweight say that their physician had advised them to lose weight during the past year.
- Overweight and obesity occur in combination with other risk factors. About 11% of all respondents are overweight or obese and smoke, 27% of all respondents are overweight or obese and are hypertensive, 21% of respondents are overweight or obese and report elevated cholesterol and 8% of all respondents are overweight or obese and report little physical activity.
- When asked on how many days per week they did moderate physical activity for at least 10 minutes at a time, 63% of respondents said 4 or more days per week, ¼ of respondents said 1-3 days per week and 12% said they did no moderate physical activity on a weekly basis.

*Information further broken down by race and among children is currently not available.¹⁷

The statistics are staggering. To address the countywide concern regarding overweight/obesity, The Commission for a Healthy Central New York chartered this report with the assistance of the Maxwell School of Citizenship and Public Affairs Health Services Management and Policy program. To develop a comprehensive county action plan, students conducted a community assessment through informational interviews, data collection, and

¹⁷ Onondaga County. Behavioral Risk Factor Survey Results, 2002.

independent research. To determine countywide recommendations, a nation wide search was conducted to find evidence based and innovative programs. The recommendations included in this report are based on the goals and objectives established in Healthy People 2010.

Background

Overweight and obesity defined

The measurement of obesity was a standard developed by the National Institute of Health (NIH) in 1998. The Body Mass Index (BMI) is a measure of weight in relation to height and has been correlated with the total body fat content for the majority of individuals. From these NIH clinical guidelines, scientific and medical organizations have been able to identify greater health risks at the higher levels of BMI for the individual.¹⁸ Most recently, the American Academy of Pediatrics has created organization principles to guide the child health care system. Pediatric growth charts are available from the Centers for Disease Control (CDC) and include the BMI standards for age and gender of the child or adolescent.¹⁹ If the BMI of an individual is between the 85th and 95th percentile for age and sex, the person is considered overweight. The individual at or above the 95th percentile can be considered obese.²⁰

Aspects of the obesity epidemic

Food Consumption

For most individuals, overweight and obesity result from some combination of excess calorie consumption and inadequate physical activity. As cited in Healthy People 2010, national health objectives published by the federal Department of Health and Human Services (DHHS) that identifies significant preventable threats to health and establishes national goals to reduce them, approximately 75% of Americans eat too little fruit, 95% eat too few vegetables, and 64% eat too much saturated fat.²¹ Plus, in reference to the USDA *Food Pyramid* guidelines, 45% of all U.S. children failed to meet any of the recommended servings and only 1% regularly ate diets that resembled the pyramid.²²

Soda consumption has substituted for intake of juice and milk for children. Soda is considered a quintessential junk food product with high caloric content and low nutrients. The

¹⁸ National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. HHS, Public Health Service (PHS); 1998, p. xxiii.

¹⁹ Kuczmarski RJ, Ogden CL, Grummer-Strawn LM, et al. CDC growth charts: United States. *Adv Data*. 2000 Jun 8; (314): 1-27.

²⁰ Himes JH, Dietz WH. Guidelines for overweight in adolescent preventative services: recommendations from an expert committee. *American Journal of Clinical Nutrition*. 1994;59:307-316.

²¹ Healthy People 2010. U.S. Department of Health and Human Services, accessed September 2003. Available online www.healthypeople.gov

²² Munoz, KA, Krebs-Smith SM, Ballard-Barbash R, Cleveland LE. "Food intakes of US children and adolescents compared with recommendations." *Pediatrics* 1997;100:323-329.

relationship between soda consumption and increased body weight is substantial enough for the risk of obesity to increase 1.6 times with each additional soda consumed.²³ In addition, 12% of households nationwide are food insecure.²⁴ Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods. Somewhat counter-intuitively, food insecurity actually increases risk for excess body weight.²⁵

The quality of our national diet is diminished by a trend towards eating meals away from home, an abundance of fast food options, dramatic increases in portion sizes, growing consumption of sugar-sweetened beverages, and the proliferation of advertising campaigns marketing unhealthy food items.²⁶ This advertising can also be seen in schools. Contributing to the lack of healthy foods in children's diets may be the lack of choices as highlighted by soda company "pouring-rights" contracts and cafeteria fast-food offerings. "Pouring rights" contracts of soft drink companies are contracts that involve large payments to school districts and additional compensation over a five to ten year period for the exclusive sale of their beverages in vending machines and at school events.

Lack of physical activity

Over 60% of American adults do not get sufficient physical activity to provide health benefits and over 25% are not routinely active in their leisure time at all.²⁷ Activity decreases with age, and sufficient activity is less common in women than in men and among those with lower incomes and education. In children and adolescents the government recommendation for activity is 60 minutes per day, but there are no national data available to assess adherence. Daily participation in high school physical education dropped from 42% to 29% between 1991 and 1999, and currently, more than one third of students in grades 9-12 do not regularly engage in vigorous activity.²⁸

Extended periods of screen time, or time spent sitting in front of computers, televisions, or video monitors, whether work, school or entertainment-related, have also become the norm.

²³ Nestle, Marion. Food Politics. University of California Press, 2002.

²⁴ Gregory, S. (ed). Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity. Human Kinetics, 2002 at pg xv.

²⁵ Adams, E., et al. Food Insecurity is Associated with Increased Risk of Obesity in California Women. Journal of Nutrition, 2003; April (133) at pg 1070.

²⁶ Stillman, L., et al. The Health of Our Children: Who's Paying Attention? Massachusetts Public Health Association, January 2002 at pg 2.

²⁷ Physical Activity and Good Nutrition, at pg 2.

²⁸ The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. U.S. Department of Health and Human Services, 2001

According to the Surgeon General's 2001 Call to Action, 43% of students in grades 9-12 viewed television more than 2 hours per day in 1999.²⁸ Including computer and video game use, U.S. children age 2-17 spend approximately 4½ hours a day watching some type of electronic screen.²⁹

Adults may be just as prone to excess screen time as youth. Data released in 2003 as part of Harvard University's Nurses Health Study indicate that the average woman, in a nationwide sample, watched about 34 hours of TV a week, which is over 4½ hours a day.³⁰ Furthermore, researchers correlated every two hours per day of television watching with a 23% increase in obesity and found that television watching burns even fewer calories than other sedentary behaviors like sewing, playing board games, and reading.

The perception or reality of a dangerous neighborhood discourages residents from physical activity in the communities in which they live. Citizens are cognizant of the safety, whether it is in reference to crime or traffic concerns. Additionally, the dependence on the automobile and the lack of mass transportation systems have turned America's communities into environments that discourage physical activity. In much of suburban development, there may be a lack of sidewalks/bike lanes, and many destinations are not within walking distance.³¹ The focus on automobile efficiency has grown with land development patterns that increase distances between origin and destination, even in school settings.³² In comparisons of the most sprawling and most compact areas in the country, each degree of additional suburban sprawl has meant additional weight, less walking, and increased blood pressure.³³

There is evidence that even without weight loss, adopting sensible eating behaviors and cultivating a physically active lifestyle has significant health benefits. Even modest weight loss, between 5-15% of excess total body weight, markedly reduces the risk factors for both premature death and chronic health conditions.²⁸

²⁹ Promising Practices in Chronic Disease Prevention and Control. Centers for Disease Control and Prevention, 2003 at pg 7-7. Available online www.cdc.gov/nccdphp/promising_practices

³⁰ Hu, F., et al. Television Watching and other Sedentary Behaviors in Relation to Risk of Obesity and type 2 Diabetes Mellitus in Women. *Journal of the American Medical Association* 2003; 289 at 1785.

³¹ Nestle, Marion and Jacobson, Michael F. "Halting the obesity epidemic: A public health policy approach." *Public Health Reports*, 2000 January;115(1) p.12+.

³² Mishkovsky, Nadejda. "What's Obesity Got to Do with Public Management?" *Public Management*;84(9);October 2002, p.30+.

³³ "Suburban Sprawl Adds Health Concerns, Studies Say." *New York Times*, 30 August 2003, Sec. 1:page 23.

Public Awareness

According to a recent national poll, most Americans are aware of the severity of the obesity epidemic.³⁴ Over 70% of the adults interviewed understand that obesity is a major health concern comparable to smoking and recognize that it increases the risks of developing heart disease (95%), high blood pressure (94%), and diabetes (88%). To a lesser extent, 52% of survey respondents were aware that excess weight has an impact on cancer risk. Interviewees were divided on whether obesity “is a private issue that people need to deal with on their own” or “a public health issue that society needs to help solve” but the majority stated that healthcare providers (94%), schools (92%), government (81%), and employers (70%) all have roles to play in abating the epidemic.

Legislation and Policy

The legislative effort towards instituting policies that would reduce overweight and obesity, at the national, state, and local level has had inconsistent results. While legislatures realize the importance of this issue, budget constraints and political feasibility often prevail, leaving proposed legislation either stalled or passed without funding.

National Policy

National policy and legislation has long been focused on various aspects of health care. Organizations like the Centers for Disease Control (CDC) and the Department of Health and Human Services (HHS) were established to monitor and regulate health care progress and challenges. Several policies have been developed within these agencies to assist Americans in achieving a healthy lifestyle. In addition, the Department of Agriculture is actively involved in nutritional requirements and school lunch programs.

Unfortunately, current fiscal and political climates are not optimal for promoting healthy lifestyles. Budget restrictions, homeland security, and a healthy job market have taken the lead in national policy, and equally important measures such as encouraging physical education and legislating fast food requirements have fallen aside. In fact, the only legislation recently passed by Congress stated that fast food companies cannot be sued for promoting unhealthy eating habits.

³⁴ Lake, Snell, Perry and Associates. Obesity as a Public Health Issue: A Look at Solutions. Results from a national poll conducted May 28-June 1, 2003.

Federal Programming

Federal food programs and federal agriculture policy impact the consumption patterns of the American public as well.

- **Food Stamps:** The Food Stamp Program (FSP) is the centerpiece of a set of federal nutrition programs developed to improve low-income households' access to food. It originated with the Food Stamp Plan in 1939, but the modern program began as a pilot project in 1961, and was authorized as a permanent program in 1964. The program was dramatically expanded after 1974, when Congress required all states to offer food stamps to low-income households. Today, FSP is a supplemental entitlement program that provides food coupons or electronic benefit cards to enhance participants' food purchasing power and nutritional status.³⁵ Serving 20 million people a month, food stamps can be used to buy healthy foods but these foods cost more and are less available, hence, there is no incentive in the program for the purchase of healthier foods.
- **WIC:** The Women, Infants and Children (WIC) program supplies supplemental food, health care referrals, and nutrition education to low-income women who are pregnant or postpartum mothers; it also serves infants and children at nutritional risk. WIC is a federally funded program, administered through state grants.³⁶ Congress created the Farmers Market Nutrition Program (FMNP) in 1992. The program enables WIC participants to purchase fresh fruits and vegetables from farmers markets. In addition to improving low-income families' access to fresh produce, the program expands awareness and use of farmer's markets, generating economic opportunities for small farmers.³⁷ Although the program serves 7.3 million women and children per year, six out of the seven food packages that are provided have never been significantly changed or updated. As a policy recommendation, these packages could be improved and updated by the USDA to introduce low-income families to healthier foods.³⁸
- **School-based Nutrition Programs:** The National School Lunch Program, starting in 1946, is a federally assisted meal program operating in public and non-profit private schools

³⁵ *Frequently Asked Questions*. U.S. Department of Agriculture, 2000. Web site: <http://www.fns.usda.gov/fsp/MENU/FAQS/faqs.htm>.

³⁶ Special Supplemental Nutrition Program for Women, Infants and Children. *About WIC*. Web site: <http://www.fns.usda.gov/wic/menu/whatis/whatis.htm>.

³⁷ Facts About the California Farmer's Market Nutrition Program. California WIC Association, January 2001.

³⁸ Brownell, Kelly D. and Horgen, Katherine Battle. *Food Fight*. Contemporary Books, 2004.

and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to more than 26 million children each school day. In 1998, Congress expanded the National School Lunch Program to include reimbursement for snacks served to children in after school educational and enrichment programs to include children through 18 years of age. The Food and Nutrition Service administers the program at the federal level. At the state level, the National School Lunch Program is usually administered by state education agencies, which operate the program through agreements with school food authorities.³⁹ The School Breakfast Program provides per meal cash reimbursements to schools to completely cover the cost of breakfast for children under 130 percent of the federal poverty line and partially cover expenses for students up to 185 percent of poverty.⁴⁰ The Summer Food Service Program (SFSP) is a federally funded child nutrition program that provides low-income children with free, nutritious meals during summer and holiday breaks.⁴¹ Of eligible low income children in Onondaga County, 75% are participating in school lunch program, 34% are enrolled in school breakfast, and 25.7% are participating in a summer food program (2001 data).⁴²

- Child and Adult Care Food Program: In 1977, the Child and Adult Care Food Program (CACFP) was authorized to improve the nutritional quality of meals served to children in licensed childcare centers and childcare homes. CACFP is administered by the USDA Food and Nutrition Service, and by the Department of Health at the state level. The NYS Department of Health contracts with various community based agencies to sponsor CACFP programs in their service area, and these sponsors contract with family day care homes and day care centers interested in providing meals through CACFP. CACFP providers receive reimbursement for breakfasts, lunches, suppers and snacks that meet federal nutrition requirements.⁴³ In Onondaga County, there are 264 family day

³⁹ National School Lunch Program Fact Sheet. USDA, 2004. Website: <http://www.fns.usda.gov/cnd/Lunch/AboutLunch/NSLPFactSheet.htm>

⁴⁰ Federal Food Programs: School Breakfast Program. Food Research and Action Center. Web site: http://www.frac.org/html/federal_food_programs/federal_index.html.

⁴¹ *National Level Annual Summary Tables: NSLP Participation and Meals Served*. U.S. Department of Agriculture, Food and Nutrition Service, 2000. Web site: <http://www.fns.usda.gov/pd/slfypart.htm>.

⁴² Hunger Data Book, Nutrition Consortium of NY, 2002. Website: <http://www.hungernys.org/programs/publications/hunger.html>

⁴³ Ibid.

care homes and 1,578 children served. There are 73 day care centers and 2,951 children served. (2000 data).

- Senior Nutrition: The Older Americans Act of 1965 authorized funding for a variety of services for senior citizens, with the nutrition component establishing the availability of home-delivered and congregate meals, nutrition education, nutrition screening and counseling, shopping assistance, and transportation to congregate meal sites. These services are intended to serve seniors with the greatest economic and social needs, including those older adults who are isolated, physically/mentally impaired and nutritionally at-risk. The Food Stamp Program is another nutritional resource for older adults.⁴⁴ In Onondaga County, there are 5,425 participants in congregate meals, 105 in home-delivered meals, 100 in farmer's market coupons, 2,301 in food stamp program. There are only 16% of eligible seniors participating in the food stamp program itself. (2000 and 2001 data).⁴⁵

Federal Farm Policy

From 1902 to 2000, Congress has passed more than 70 major acts that benefit agriculture production. The government has supported subsidies, marketing assistance programs, special taxation, farm credit system, market regulations, commodity programs, and trade policies.⁴⁶ These current incentives in the federal agriculture policy encourage the overproduction of food in the market and have lead to cheap corn as the impetus for high-fructose corn syrup and highly processed foods.⁴⁷

National Legislation

Congress has made some progress in terms of physical education and nutrition requirements. However, state enforcement guidelines result in different levels of enforcement across the country. One example is the President's Council on Physical Fitness, which established guidelines and recommendations for physical activity, but offers little incentive for people to take an active role in participation. It is up to the states to offer incentives and ensure access to allow people to successfully follow the physical fitness guidelines. Again, like many

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Tillotson, James E. "Pandemic obesity: agriculture's cheap food policy is a bad bargain." *Nutrition Today*, Sept/Oct 2003 v38 i5 p186

⁴⁷ Pollan, Michael. "The (Agri) Cultural Contradictions of Obesity". *New York Times*. 12 October 2003, p41.

other fitness programs, access is a barrier. For example, states need to educate their residents about the specific guidelines and ways to incorporate them into their daily lives.

Most recently, Iowa Senator Tom Harkin (D) proposed a bill that would give the U.S. Department of Agriculture more authority over school lunch programs, and more specifically, what schools would be allowed to serve in lunch lines and in vending machines. Schools, including those in the Syracuse City School District and its surrounding districts, have used vending machine contracts as a source of money to pay for extracurricular activities, field trips and important course materials. Some contracts can bring in as much as an extra \$100,000 per year, according to the National Conference of State Legislatures' Health Policy Tracking service. A similar bill was introduced in the House in July, but is currently held up in the House Education and Workforce Committee.

New York State

There are several bills currently in the New York State legislature dealing with nutrition and obesity.

- A06563 - An act to amend the education law, in relation to the prohibition of the sale of certain foods in vending machines on school grounds or property.
 - Assemblywoman Sandy Galef (D-90) has proposed Assembly Bill 6563, which prohibits the sale of certain foods of minimal nutritional value in vending machines on public school grounds or public school property. The bill requires: 1) schools to stock vending machines with foods that contribute to nutritional well-being of pupils and 2) future contracts and the renewal of existing contracts to comply with the provisions of this prohibition. The bill is currently available for a third reading.⁴⁸
- A10013 – An act to amend the education law, in relation to promoting the use of healthy foods and nutrition and nutrition planning in public schools.
 - Representative Galef has proposed A10013, designed to improve upon the health and well-being of children attending public schools. The measure is designed to address the growing problem of childhood obesity and its resulting illnesses, to empower school districts to take action to enhance the nutritional value of school meals and healthy snacks available to children, and to encourage the use of fresh

⁴⁸ <http://assembly.state.ny.us/>

farm produce grown in New York State. The bill is currently in the Assembly Committee on Education.⁴⁹

- S06738 and A10454 – An act to amend the education law, in relation to the creation of school district child nutrition advisory committees.
 - Senator Mary Lou Rath (D-61) and Representative Galef have jointly proposed legislation (Senate Bill 6738 and Assembly Bill 10454) to create nutrition advisory committees. The proposed legislation would amend the Education Law by adding a new section 918, which would authorize and encourage the creation in every school district of a child nutrition advisory committee. The bill enables schools to apply for grants to support programs developed by school nutrition committees from funds that are appropriated to combat childhood obesity. The committee, with input from faculty including physical education faculty, food preparation staff, health staff, students and families, may benefit from the insights of all interested parties to review current nutritional policies, making recommendations that will improve the guidance given by parents and schools to children. The legislation is currently in the Education Committee.⁵⁰
- S04555 – An act which requires certain restaurants and food establishments to post the caloric value and fat and sodium content per serving.
 - Senator Rath has also sponsored legislation to require fast food and chain restaurants to post fat content and nutrition information (S4555 currently in the Senate Committee on Health) and legislation establishing a childhood obesity prevention program (S2045A, signed by Governor Pataki in 2003).⁵¹
- A08711 – An act to amend the education law, in relation to the required instruction in physical education in elementary and secondary schools.
 - Representative Felix Ortiz (D-51) has proposed and co-sponsored anti-obesity legislation including A8711, which requires the Board of Regents include in its rules that students in elementary schools shall participate in physical education for a minimum of 150 minutes during each school week, and that students in

⁴⁹ <http://assembly.state.ny.us/>

⁵⁰ <http://assembly.state.ny.us/>

⁵¹ Ibid.

secondary schools shall participate for at least 225 minutes per week. This is currently before the Education Committee.⁵²

- A05334 – An act to amend the social services law, in relation to medical assistance coverage for certain drugs.
 - Representative Roger Green (D-57) has proposed A5334, which provides for reimbursement for Orlistat, a drug used for weight loss and weight management, under the state Medical Assistance program. The legislation directs the Commissioner of Health to allow for the reimbursement of weight loss and weight maintenance drugs. The bill specifically permits limiting reimbursement to persons who are obese or who have certain medical conditions related to obesity. The legislation is currently in the Assembly Social Services Committee.⁵³
- A09416 – An act to amend the tax law, in relation to providing a tax credit for qualified expenses related to healthy living.
 - Under this legislation, proposed by Representative James Tedisco (R-110), New Yorkers would receive tax breaks and incentives for healthy lifestyle choices, primarily related to exercise and physical activity. Such examples would include health club and gym memberships, home exercise equipment, sports, dance, and martial arts classes, and any other type of exercise-related expenses. This incentive would apply to taxpayers and their children. This bill is currently committed to the Assembly Committee on Ways and Means.⁵⁴
- A10397 – An act to create the “Healthy Kids Act” pilot program to encourage students to develop healthy eating habits and makes an appropriation for those purposes.
 - In addition to his tax relief legislation, Representative Tedisco has also proposed A10397, which would promote healthy eating in schools, by requiring schools to remove unhealthy foods from vending machines. While similar to Representative Galef’s legislation, this would create an appropriation of \$2,000 for 10 pilot school districts to offset any potential fiscal losses. Participating districts would

⁵² Ibid.

⁵³ <http://assembly.state.ny.us/>

⁵⁴ Ibid.

be chosen by the State Department of Education. This legislation was referred to the Assembly Committee on Education.⁵⁵

New York State Enacted Law Regarding School Nutrition

Currently 25 states, including New York, have statutes regulating what can and can not be sold in school vending machines. According to New York State Law, Chapter 647 of the Laws of 1987 prohibits the sale of: soda, water ices, gum, hard candy, jellies and gummies, marshmallow candies, fondants, licorice, spun candy and candy-coated popcorn from the beginning of the school day until the end of the last scheduled meal period in all parts of the building. This is applicable in every public school.

A public school cannot sell or serve soda or candy of any type in the student store or from a machine located anywhere in the building, including the faculty lounge, before the last lunch period ends. In a non-public school, foods of a minimal nutritional value are not allowed to be sold during the lunch period, and otherwise may only be sold in the food service area.

Minimally nutritional foods provide less than 5 percent of the USRDA for eight specified nutrients per serving, and/or 100 calories. The nutrients specified in regulations are: protein, niacin, riboflavin, thiamin, calcium, iron, and vitamins A and C.

The Syracuse City School District and North Syracuse Central School District are currently in the middle of a ten-year contract with Coca Cola. The 1998 contract with North Syracuse Central School District and Coca-Cola is a 10-year agreement that requires all ten of the District's schools and preschool programs (with a combined population of 10,100 students) to use Coca-Cola products exclusively in all vending machines, and at all athletic contests, booster club activities, and school-sponsored community events. The contract calls for Coca-Cola to install, maintain, and stock at least 135 vending machines in schools throughout the district, for which it guarantees a payment of \$1.53 million. This payment is paid in installments, with \$900,000 upon signing and the rest distributed in annual installments of \$70,000.

The contract also stipulates that the company is to pay additional commissions on purchases that exceed target amounts and will also donate 150 free cases of Frutopia drinks. Coca Cola, who owns Minute Maid and Dasani, as well as Power-Ade, will provide drinks to fundraising groups for resale, and also include software, coupons, and other premiums for each

⁵⁵ <http://assembly.state.ny.us/>

vending machine placed. In addition, Coca-Cola gave \$6.5 million for a new sports facility for the high school. These terms were considered so favorable that the New York State Education Department used them to develop a prototype contract. In 1999, the Albany School District (with 18 schools) negotiated a contract with Coca-Cola worth just \$667,000 but only for 5 years.

However, New York State law supercedes these contracts, which means that the soda machines are locked during the school day. Only the Minute Maid (fruit juices), Dasani (water), and Power-Ade (sports drinks) machines are accessible to students. In addition, other vending machines, which are contracted through NSCSD, distribute healthy snacks, such as baked chips, rice crispy treats, and 1% and fat free milk.

Health Insurance

The economic cost of obesity in the U.S. is staggering, having “now surpassed tobacco in negative effects on health and health costs.”⁵⁶ Both direct costs including preventative, diagnostic, and treatment, and indirect costs such as morbidity costs associated with decreased productivity and reduced activity contribute to a significant economic loss to society. The result is a “total health related cost for obesity of \$117 billion annually, including \$61 billion in direct costs, plus \$56 billion in indirect costs.”⁵⁷ Much of this expense is borne by the states. In New York State, Medicaid and Medicare paid for 81% of health expenditures for obese adults. This far outweighs the national average of 52%.⁵⁸

Health insurance providers understand that prevention will reduce the cost of overweight and obese patients. Some are capitalizing on this opportunity by providing incentives for physicians to counsel patients on the negative impacts of being overweight in order to prevent unhealthy behaviors from progressing into significant health threats. Some exemplary insurance companies have instituted initiatives to promote healthy lifestyle changes that would result in better management of high-risk patients and hence, less costly health care in the long run.⁵⁹

Health insurance can be grouped into two broad categories, public insurance and private insurance. Public insurance includes programs such as Medicare, Medicaid, and State Children’s Health Insurance Programs (SCHIP). In order to be eligible for public health insurance programs one must meet qualifications set individually by each program which may include

⁵⁶ http://www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm

⁵⁷ National Governor’s Association Center for Best Practices. <http://www.nga.org/cda/files/OBESITYIB.pdf>

⁵⁸ *Obesity in Upstate New York: Trends, Costs, Opportunities*, Excellus Health Policy Reports, no.7, March 2004.

⁵⁹ National Governor’s Association. <http://www.nga.org/cda/files/OBESITYIB.pdf>

factors such as: age; financial situation; disability status; and family composition. Private insurance is often provided through employers who have contracted with local insurance companies to provide a package of services for their employees. In addition, some individuals may be able to purchase private insurance from local insurance companies.

Our findings have shown that in general, physician visits focused on weight loss and maintenance are not included in health insurance packages. Most insurance plans allow for routine annual doctors visits, during which health concerns associated with being overweight or obese may be discussed. Once a patient has developed secondary health conditions associated with being overweight or obese, treatment of those conditions is often covered. This reactive approach is concerning. It should be noted that this situation is not unique to a certain type of health insurance program.

Public Plans

Medicare reimburses for an annual check-up but does not currently reimburse for anti-obesity care. Once a secondary condition is developed, such as diabetes, Medicare will cover individuals by reimbursing physicians and hospitals for diabetic supplies and diabetic services. Specifically Medicaid covers a portion of self-testing equipment including glucose testing monitors, blood glucose test strips, lancet devices and lancets, and glucose control solutions. Medicaid covers therapeutic depth-inlay shoes, custom-molded shoes and shoe inserts for people with diabetes. Medicaid also covers diabetes services including: self-management training; nutrition therapy services for patients referred by a doctor; flu and pneumococcal pneumonia vaccinations; glaucoma screening once every 12 months; and referrals for more information.⁶⁰ Medicare does not cover the necessary diabetic prescription medications, including insulin.

Medicare is also running pilot programs for the frail elderly in underserved areas. One such program, the Diabetes Education and Telemedicine Project, establishes a network to provide “housecalls” by computer with a goal of determining whether telemedicine positively impacts the health of elderly living with diabetes in underserved communities.

Medicaid and SCHIP, federal/state partnership programs administered by the states, vary in accordance with state-specific initiatives. Programs must meet both federal and state

⁶⁰ <http://www.medicare.gov/Health/Diabetes.asp>

guidelines. In general, supplies and services provided are similar to those provided to Medicare beneficiaries.⁶¹

Private Plans

The nature of a private health insurance plan allows members to choose a plan that caters to their needs and is in the appropriate price range. While these plans may vary vastly, Excellus, a top provider in the upstate New York region, reports that their basic health insurance package includes an annual check-up and potential referrals for two nutritional counseling visits per year for non-diabetics and four nutritional counseling visits per year for diabetics. In addition, Excellus is currently developing an incentive plan through reimbursement for physicians. The purpose is to identify and treat at-risk patients with regards to nutrition and physical activity.

⁶¹ Centers for Medicare and Medicaid Services. <http://www.cms.hhs.gov/medicaid/consumer.asp>

Ideal Model

Policy

In a model community, policies that promote physical activity and healthy eating would:

- Require comprehensive health education for students from kindergarten through grade 12.
- Ensure that adequate resources including budget and facilities are provided for physical activity programs.
- Ensure that physical education programs are developmentally appropriate.
- Ensure that all foods and beverages available on school campuses and at school events are consistent with the healthy standards.
- Develop guidelines for healthful snacks and foods provided in vending machines, school stores, and other venues within the school's control.
- Represent the priorities and vision of the community for addressing obesity prevention and treatment in all settings.
- Encourage members of the community to advocate to policymakers on local, state, and national levels.

Environment

In a model community, physical and social environments that encourage and enable safe and enjoyable physical activity would:

- Provide access to safe spaces and facilities for physical activity in the schools and various locations throughout the community.
- Enforce measures to prevent physical activity related injuries and illnesses.
- Assess and modify of community plans and designs to promote physical activity within the community (i.e. Sidewalk improvement programs that address lighting and crosswalks should be adopted).
- Encourage alternative modes of transportation.
- Provide transportation to and from physical activity locations (including schools) for individuals who do not have access to other modes of transportation.

School Education

In a model community, comprehensive physical and health education curriculums for children from preschool to grade 12 would:

- Implement a physical education curriculum that helps students acquire the knowledge, attitudes, motor skills, behavior skills, and confidence needed to adopt and maintain physically active lifestyles.
- Offer curriculums consistent with the national standards for physical education.
- Provide a substantial percentage of each student's recommended weekly amount of physical activity is provided at school.
- Ensure physical education classes are age-appropriate and include culturally sensitive instruction.
- Incorporate the health benefits of physical activity and nutrition into core curricula.
- Institutionalize a planned and sequential health education curriculum from kindergarten through grade 12, which encourages students to eat healthy and participate in physical activity.
- Encourage school administrators, teachers, food service staff, coaches, nurses, parents, students and school staff to be positive role models by way of their healthy lifestyle.

Extracurricular Activities

In a model community accessible and affordable extracurricular programs would:

- Diversify options of developmentally appropriate competitive and noncompetitive physical activity programs for all students.
- Link families to available community programs, where community resources are being used to support physical activity and nutrition programs.
- Make available safe facilities to be used for after school programs sponsored either by the school or a community organization.
- Ensure that City parks and recreation programs are involved in providing extracurricular physical activities.

Parental Involvement

In a model community, parents and caregivers would:

- Be provided with the resources to adopt healthy lifestyle behaviors for their families.

- Attend parenting classes that teach the benefits of healthful eating and regular physical activity.
- Take advantage of food assistance resources that offer nutrition education and balanced food choices.
- Get involved in physical activities with their children.
- Advocate for quality physical activity instruction and programs for their children.
- Serve as role models for their children in terms of engaging in physical activity and eating healthy.

Personnel Training

In a model community, education, coaching, recreation, healthcare, school, and community personnel would:

- Be trained on how to create psychosocial environments that enable people to enjoy physical activity instruction and programs.
- Be trained on how to involve parents and the community in physical activity instruction and programs.
- Be provided opportunities to acquire the recommended training or certification.
- Encourage school staff to attend professional development programs on current nutrition guidelines, best practices, and resources.
- Monitor district and school food service staffs on meal planning, food production to ensure that meals meet healthy standards.

Workplace Initiatives

In a model community, employers would:

- Offer healthy selections in work site cafeterias and vending machines.
- Provide specific time, resources, or discounted offers to encourage their employees to engage in physical activity.
- Offer optimal conditions for breastfeeding new mothers.
- Promote healthy lifestyle behaviors at the worksite.

Health Services

In a model community, measures taken to assess physical activity patterns in the community would:

- Include reliable information on general nutrition that is readily accessible and available for individuals, food banks, community resource centers, soup kitchens, libraries, supermarkets, and senior centers.
- Offer prenatal breastfeeding education programs.
- Refer patients of all ages to nutritionists and dieticians and also suggest programs within the community that would be useful to the overweight/obese patients.

Community Programs

In a model community, all members would:

- Be educated on the causes, prevention, treatment methods, and health risks of obesity. This includes distribution of nutrition, physical activity, and weight management and related materials, such as resource lists and community program information.
- Engage in physical activity and learn about healthy eating.
- Partnerships with community groups, businesses, recreation facilities, and professional medical associations are encouraged and being forged.
- Target disenfranchised groups who are at-risk for obesity.
- Utilize state and local marketing, media, and counter-marketing campaigns that educate citizens about nutrition, physical activity, and obesity-related policies in their communities.
- Provide opportunities for people of all ages, ethnic backgrounds, and socioeconomic backgrounds to learn how to be active, how to eat healthfully, and how to maintain a healthy weight.

Evaluation

In a model community, evaluation efforts would:

- Examine the implementation and quality of physical activity policies, curricula, instruction, programs, and personnel training.
- Measure students' attainment of physical activity knowledge, achievement of motor skills and behavior skills, and adoption of healthy eating behaviors.
- Utilize a range of surveillance and evaluation techniques.

- Regularly evaluate school and community physical activity instruction, and nutrition programs.^{62 63 64 65}

⁶² Best Practices: Obesity Prevention for Children and Youth

<http://www.cdphe.state.co.us/ps/bestpractices/topicsubpages/obesity.html>

⁶³ Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People

<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00046823.htm>

⁶⁴ Resource Guide for Nutrition and Physical Activity Interventions to Prevent Obesity and Other Chronic Diseases

<http://www.cdc.gov/nccdphp/dnpa/obesityprevention.htm>

⁶⁵ Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity

<http://www.astphnd.org/>

Available Services in Onondaga County

The ideal community just detailed does not describe Onondaga County exactly, but there are a multitude of existing programs which show how community groups, schools, healthcare providers and worksites are creating programs to identify, educate, prevent and treat individuals who are overweight or obese. A thorough listing of existing programs is available in the Resource Guide. This section serves to highlight several programs available in Onondaga County that are exemplar examples of what is occurring in our community within the various settings detailed.

Setting One: Community Programs

There is a plethora of programming at the community level to serve overweight and obese individuals. The Hot Meals Program at three area Boys and Girls Clubs, also called Kids Café, was chosen due to the extensive evaluation piece connected to Syracuse University. Federal funding was secured from the at-risk component of the Child and Adult Care Food Program to transform an existing snack program into a much needed after school hot meal program. The menu is developed in collaboration with Central New York Food Bank dieticians, following a specific meal pattern that includes a fruit or vegetable in each meal. Actual meals are prepared by the Samaritan Center and transported to the after school programs by the Central New York Food Bank.

This program has been and continues to be evaluated by Kay Bruening, PhD, RD in Syracuse University's Department of Nutrition and Hospitality Management. Evaluation has found a direct link between program participation and better food and nutrient intake. In addition, Boys and Girls Club program efficacy is conducted by Carol Dwyer, at Syracuse University's Maxwell School of Citizenship and Public Affairs, through evaluation of consumer satisfaction surveys and participation statistics.

It should be noted that the Central New York Food Bank is in the sixth month of instituting the same Kids Café program at the Southwest Community Center. The Central New York Food Bank is the sponsor of the program, preparing the menu and transporting food prepared by the Rescue Mission. The Central New York Food Bank plans to continue program expansion by utilizing the summer months to locate new venues for the Kids Café program.

Setting Two: Schools

Schools in Onondaga County strive to provide nutritious foods and age-appropriate activities for their students. However, there is a program at North Syracuse Central Schools worth noting, due to the special emphasis on fostering an enjoyment of physical activity in very young children. The Early Education Physical Education Program targets pre-school children aged 3-5 years old to ensure they are engaged in physical activity that develops motor, cognitive, and social goals.

The program currently serves about 300 kids, half with special needs. Each class has physical education once a week for 30 minutes which includes a warm up, activity and cool down. In addition to the physical activity component, health and nutrition are emphasized. For example, children could have a book read to them about fruit before the physical activity. Parents are actively encouraged to become involved in the learning occurring in class. Weekly newsletters or updates are sent to parents including information such as the schedule of activities for the kids. Parents are invited to watch activities at any time and encouraged to participate at least monthly.

Setting Three: Healthcare

Probably the most well known service for children in the community is the Healthy Lifestyle Family program, which is part of Upstate Medical University Children's Center for Nutrition and Exercise and the Onondaga County Health Department. The primary goal of the program is to offer a family-centered approach to healthy eating and physical activity habits and for children to achieve a healthy weight. Services are offered to children between the ages of two and eighteen. Children referred to the program generally fall above the 95th percentile in body mass index. It is important to note that children must be referred to the program by their physician.

Families work with a multidisciplinary team of professionals including a pediatrician, a pediatric nutrition, a clinical social worker, and exercise physiologist. The pediatrician performs a medical evaluation, identifies risk factors of obesity, monitors measures of physical fitness over time and refers to specialists as necessary. The pediatric nutritionist performs a nutrition assessment. The social worker conducts behavior counseling, and performs a psychological and social assessment. The exercise physiologist provides physical activity counseling. There are

group activities held on Thursday evenings, two to three times a month from 6 to 7 pm. Fitness classes are offered weekly by a certified aerobics instructor on Thursdays from 5 to 6pm.

Setting Four: Worksites

Many local employers, in both large and small companies, are offering a range of opportunities for employees to engage in physical activity and make healthy lifestyle choices. Unfortunately, small to medium sized businesses have fewer resources and may not feel that they have the time and funds to focus on health-based initiatives. For this reason, we felt that the Onondaga County Health Department's Working for Healthy Hearts program, while not currently in existence, was an exemplary program, due to the focus on how small and medium business owners can make small changes in their worksite that can have large impacts on employees making healthy lifestyle choices.

The Working for Healthy Hearts program ran for five years and focused on companies of 100 to 500 employees that primarily employed low-income industry wage earners. The goal of the program was to prevent cardiovascular disease by improving the environment of workplaces thereby making it easier for employees to adopt a healthy lifestyle. The initiative specifically stressed nutrition by focusing on the need for healthy choices in the employee cafeterias and snack areas. The initiative also stressed physical activity by trying to incorporate time and safe places for employees to be physically active at work. For example, worksite wellness committees developed at each worksite addressed environmental conditions such as areas to walk on breaks, improving the stairways to promote stair use rather than elevator use, and installing bike racks.

Setting Five: Low income and underserved populations

Although not a physical location, the next setting addresses underserved populations, which includes people who are low income, communities of color, and people with developmental disabilities. A new program affiliated with Syracuse University's College of Human Services and Health Professions and a large collaboration of funding sources, targets African American families through a culturally competent faith-based initiative. This community intervention is working with five local churches for three years to help their parishioners become aware of healthy lifestyle choices, the consequences of obesity and how being overweight or obese negatively impacts quality of life. Phased outcomes include a needs

assessment of each faith-based community, development of a sustainable, culturally competent program to fit each community's needs, implementation of the program and evaluation based on the type of intervention created. This program falls under the Task Force on Community Preventive Services' recommendations to increase physical activity in communities through the establishment of social support intervention in community settings.⁶⁶

Setting Six: Community Planning

The final setting involves the broader issue of how communities are planned, in terms of how opportunities to engage in physical activity is fostered or halted due to new community development or revitalization efforts. Public health criteria applied to land-use and urban design can significantly improve the quality of life in Onondaga County. One of the most important determinants of physical activity is a person's immediate environment. Research by the Centers for Disease Control (CDC) and others have determined that the two main reasons for lack of activity is a scarcity of structures or facilities and worries about safety.⁶⁷

The built environment of buildings, streets, open spaces, and infrastructure may promote or discourage physical activity. Urban design impacts the number of pedestrian injuries and deaths, relating to citizen safety concerns. In Chicago, studies of conflict and violence in and around public housing demonstrated that residents with surrounding greenspace had a stronger sense of community, better relationships with neighbors, and reported using less violent domestic interactions.⁶⁸

The Syracuse Metropolitan Transportation Council is involved in a two year project to develop a Bicycle and Pedestrian Plan for Onondaga County and the City of Syracuse. This effort directly compliments the Transportation Equity Act for the 21st Century (TEA-21), which calls for the inclusion of the needs of bicyclists and pedestrians in strategic plans developed by planning committees. The Bicycle and Pedestrian Plan outcomes include an assessment of current bicycle and pedestrian paths, creation of a county map of existing and potential paths, detailing issues and concerns of community members who utilize existing facilities or who

⁶⁶ Task Force on Community Preventive Service. (2002). Recommendations to increase physical activity in communities. *Am J Prev Med*; 22(4S):67-72.

⁶⁷ Jackson, Richard and Kochtitzky, Chris. "Creating a Healthy Environment: The Impact of the Built Environment on Public Health." Centers for Disease Control and Prevention. Sprawl Watch Clearinghouse Monograph Series.

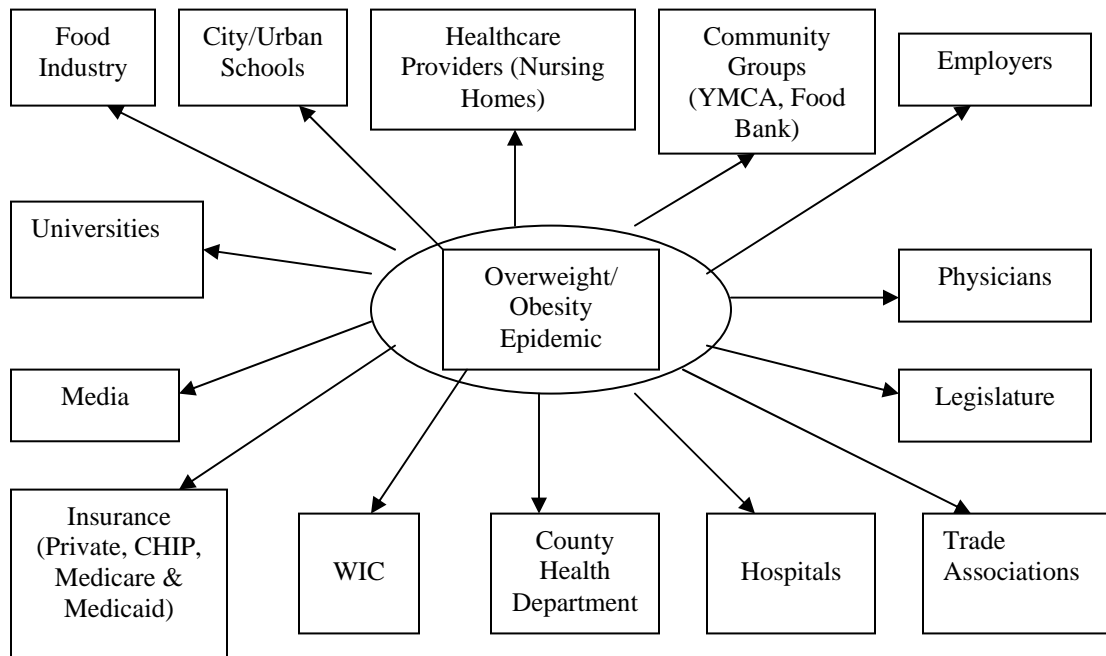
⁶⁸ Sullivan WC, Kuo FE. "Do Trees Strengthen urban communities, reduce domestic violence?" US Department of Agriculture, Forest Service. Southern Region. Forestry Report RB-FR 56. January 1996.

would utilize future facilities, and development of recommendations on potential improvements to maintain and improve the existing amenities.

The Task Force on Community Preventive Services has made several recommendations to increase physical activity in communities. After an extensive review of evidence based programs, the creation of or enhanced access to places for physical activity combined with informational outreach activities was strongly recommended; the Bicycle and Pedestrian Plan for Onondaga County and the City of Syracuse typifies this suggestion.⁶⁹

⁶⁹ Task Force on Community Preventive Service. (2002). Recommendations to increase physical activity in communities. *Am J Prev Med*; 22(4S):67-72.

Stakeholder Map for Onondaga County:



Barriers and Gaps

An assessment of Onondaga County and discussions with community stakeholders revealed that there are gaps in resources, programs, and services directly or indirectly targeting the prevention and treatment of those who are overweight and obese in Onondaga County. A number of contributing factors exist which act as barriers to interventions and activities that could assist in preventing and decreasing overweight and obesity in the community. The following are the gaps in programs and resources along with what stakeholders see as barriers inhibiting the prevention and treatment of overweight and obesity.

Programmatic Gaps and Barriers to Supporting these Gaps

Setting One: Community Programs

- Programs in some community centers do not target older teens, 16-18.
- Neighborhood community centers offer venues that are not being used to provide structured education programs specifically targeting nutrition and physical activity. Obesity is not yet a priority in the community. Other initiatives, such as gangs and youth violence are prioritized over programs targeting obesity.
- There are not sufficient numbers of programs and sports camps during the summer months to keep school age children active.
- There is a lack of programs through the faith based community specifically targeting obesity. Current efforts are sporadic.

Setting Two: Schools

- Many pre-school centers lack structured developmentally appropriate movement programs. Policies at the federal level create an environment that makes it difficult to promote healthy eating and physical activity in Onondaga County. Physical education is not currently mandated in preschool centers. Local school employees point out that this is based on the assumption that free play during recess is sufficient physical activity for this age group.
- There is a lack of innovative approaches to physical fitness in the school that match the current needs of students, which include quality daily physical education that helps them

develop the knowledge, attitudes, skills, and behaviors necessary to sustain physical activity throughout life.

- Physical education classes do not meet for the mandated amount of time. Although New York State mandates 120 minutes of physical fitness per week, this is not enforced and many area schools do not comply.
- Few schools are performing fitness assessments to identify and target at-risk children. Schools at the elementary school level are not consistently measuring or following up with at-risk children. A database is needed to organize data on school age children and their BMI's, at the district level, for community health assessment purposes.
- Programs and efforts targeting physical activity and nutrition in the schools rarely involve parents. Ideally, coordination would occur among teachers, school personnel and parents. In addition, programs are needed to educate parents and teachers about healthy food choices and physical activity.
- Teachers rarely focus on nutrition in the classroom. There is a lack of time for teachers to focus on healthy food habits and activity options.
- There is a lack of programs, attention, and resources targeting developmentally disabled students. In a number of schools there are insufficient adaptive gym programs. Schools lack access to individuals trained to work with the developmentally disabled population.

Setting Three: Healthcare

- A centralized forum for physicians to discuss how they can provide comprehensive care and incorporate time to discuss obesity prevention in their patient visits does not exist.
- Area hospitals rarely provide educational programs in schools targeting obesity.
- While some programs target children, there are no adult maintenance programs to encourage overweight/obese individuals to consistently engage in healthy behavior.
- The demand for bariatric surgery currently exceeds the supply. There is a lack of access to obesity prevention programs for those receiving public health insurance. In order to be seen at the Joslin Center or at Upstate University's obesity clinics, individuals must receive a referral. Recipients of public health insurance and the uninsured may lack access to a referring primary care physician.

- Preventive programs through providers are scarce. For publicly insured patients treatment is available once the patient has developed secondary conditions.

Setting Four: Worksites

- Workforce wellness initiatives have been experimental and should be expanded.
- Initiatives to promote wellness are less common in small and medium size employers in Onondaga County.
- Work environments seldom support healthy lifestyles, including access to healthy food options, physical activity, and breastfeeding promotion.

Setting Five: Low Income and Underserved Populations

- There is a lack of community programs that offer meal planning, food budgeting and food stamp utilization for food insecure households.
- There is limited access to affordable healthy food choices within the inner city due to insufficient public transportation and location of large scale grocery stores.
- Current county data does not assess the factors contributing to the burden of overweight and obesity in low income and communities of color.
- Safe routes to schools, including sidewalks and crossing guards do not exist in some areas, forcing students in these areas to be bused to school.
- Resources for children with developmental disabilities are limited. Currently there is limited access to a suitable pool, options for exercise for teens in wheelchairs, activities outdoors, and participation on sports teams.

Setting Six: Community Planning

- There is a lack of access to WIC programs for recipients within the inner city. It is difficult for WIC participants to access transportation, especially in terms of access to the farmers markets for those within the inner city.
- There is a lack of access to safe walking trails, specifically within the inner city.

Barriers Involving Lack of Communication

- Those providing services at neighborhood community centers do not have access to professional services and instructors to provide programs targeting physical activity and nutrition.
- Partnerships are uncommon between healthcare providers, schools, faith based groups and other community organizations.
- There is a lack of coordination and overlap between school districts.

While identifying the gaps in the provision of programs and resources targeting obesity, stakeholders expressed an overall lack of commitment, interest, and awareness among city and county policymakers. Initiatives may be inhibited by a lack of community support if resources are directed toward other priorities.

Recommendations

Recommendations were divided among the six settings discussed in the description of local programs and barriers and gaps to programming, compared to the ideal community. For each recommendation setting, a goal was developed, with concrete action steps following. For each action step created, a brief description programs that are either evidence based or meet The Task Force for Preventative Services recommendations. These programs are simply suggestions. Please refer to the Resource Guide for a more thorough listing of potential programs.

Recommendations for Setting One: Community Programs

Increase opportunities for members of the community to learn about and engage in physical activity and healthy lifestyle choices

1) Create faith-based initiatives that support healthy lifestyles.

- *North Carolina Black Churches United for Better Health Project.* This project targeted African American adults through a four year intervention trial focused on nutrition. Black churches were chosen as the primary site for intervention activities. Each intervention church identified a Nutrition Action Team to plan and implement church activities. The program used health advisors to provide support to church members to encourage increased fruit and vegetable consumption. The study findings suggest that this intervention program was highly successful in achieving increased fruit and vegetable consumption in the population. Serving more fruits and vegetables at church function had the highest impact, followed by personally tailored bulletins, pastor sermons, and printed materials. Exposure to the intervention was associated with greater fruit and vegetable intake.⁷⁰
- *Project Joy.* This project was a faith based cardiovascular health promotion for African American women. The program was a one year intervention focused on nutrition and physical activity. Woman age 40 and over participated in church based nutrition and physical activity strategies, an intervention supplemented with spiritual strategies. Participants achieved significant improvements in cardiovascular disease risk profiles one

⁷⁰ Cambell, Marci Kramish Ph.D, RD. North Carolina Black Churches 5 a Day Program website: <http://www.communityhealth.dhhs.state.nc.us/hlthprom/fiveaday.htm>

year after program initiation. Church based interventions were found to significantly benefit the cardiovascular health and BMI's of African American women.⁷¹

2) *Create after school programs that support healthy lifestyles.*

- *Go Girls!* The Go Girls! program targeted overweight African American adolescent women. The program was a one year intervention that focused on nutrition and physical activity. The Go Girls! program was a community based after school program in which participants were recruited from housing projects to participate in a twice weekly, six-month, program. Program activities included interactive educational or behavioral activity, 30 to 60 minutes of physical activity, and preparation and tasting of low fat, portion controlled meals. The effects of the program proved statistically significant for nutrition knowledge, low fat practices, perceived changes in low fat practices, and social support. Those who attended the program regularly showed positive changes in nutrition knowledge and low fat practices relative to girls who did not attend the program.⁷²
- *Memphis GEMS (Girls Health Enrichment Multi-site studies) pilot study.* This study targeted pre-adolescent African Americans girls. The 12 week program, set in community centers in Memphis, was both family-based and culturally competent. GEMS involved highly interactive weekly group sessions with both pre-adolescent girls and their parents or caregivers. The content focused on knowledge and behavior change skills to promote healthy eating and increased physical activity. Program participants achieved reduction in their BMI. In addition, girls in the intervention groups reduced their consumption of sweetened beverages and increased their participation in physical activity.⁷³
- *The Stanford GEMS pilot study.* This study focused on dance and reducing television watching to prevent weight gain in African American girls. Sixty-one African American girls' age 8-10 years old and their parents or guardians participated in the 12-week program. The treatment intervention consisted of after school dance classes at three community centers, and a five-lesson intervention, delivered in participants' homes which was targeted on television watching reduction. The program confirmed the feasibility, acceptability, and potential efficacy of using dance classes and family-based

⁷¹ Gittelsohn, Koffman J. Public Health Representative 2001; 116. Suppl. 1:68-81.

⁷² Resnicow, Wallace K. Health Education Behavior. 2000 Oct; 27 (5):616-31.

⁷³ Beech, B. M. Ethnic Disparities. 2003 Winter; 12 (1 Suppl 1): S40-53.

intervention to reduce television viewing, thereby reducing weight gain, in African American girls.⁷⁴

3) *Create neighborhood based community programs that support healthy lifestyles.*

- *Hearts N' Parks North Carolina program.* This program was a neighborhood intervention focused on nutrition and physical activity that took place as a summer pilot program. Hearts N' Parks is a national program offered and supported by various local communities. Hearts N' Parks aims to offer science based information about healthy lifestyle choices and skills for incorporating these choices into one's life. Proven health interventions and skills training are combined with local recreational facilities. These interventions are implemented as part of regular activities offered by neighborhood parks and recreation departments and other community agencies. Training for recreational staff and tools for measuring the impact of their activities are provided to communities choosing to participate in this national program. The evaluation showed participants retained information about heart healthy behaviors and intended to eat healthier in the future. In addition, children reported learning new physical activities and improving their performance in others.⁷⁵

⁷⁴ Robinson, T. M. Ethnic Disparities. 2003 Winter; 13 (1 Suppl 1): S65-77.

⁷⁵ Hearts N' Parks. http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/nc_page.htm.

Recommendations for Setting Two: Schools

Foster and support initiatives that encourage the development and sustainability of healthy schools.

1) *Incorporate more physical activity into the classroom day.*

- *CATCH: The Coordinated Approach to Child Health program.* This program incorporates three approaches in the school setting for 3rd-5th grade students and one approach focusing on the home setting. This includes a healthy eating component in the classroom, curriculum for physical education, and a school nutrition guide to provide a consistent message of good nutrition and fitness throughout a child's day. The CATCH program has been evaluated in over 80 scientific publications. An extensive evaluation of the program was conducted from 1991-1994 in 96 schools, in four states, including over 5,000 students from diverse backgrounds. Of the findings, there was an increase in the level of physical activity from moderate to vigorous during physical education classes. Additionally, results continued post-intervention.⁷⁶
- *SPARK: Sports, Play, and Active Recreation for Kids.* The SPARK program seeks to increase the amount of time kids spend in physical education. The program can be used in several grade levels, from kindergarten to 8th grade.⁷⁷ A physical education class under the SPARK curriculum incorporates a warm-up, two or three physical activities, and a cool down period. Dependent upon the abilities of the participants, activities can be modified to accommodate all students. Despite concerns that increased time spent in physical education will cut into key classroom instruction time, the SPARK program has been shown to actually maintain or increase test scores on achievement tests. Studies have also shown that students who participate in the program achieve levels of more intense physical activity and engage in more activities outside of the school setting.⁷⁸

2) *Encourage and support the creation of a staff development day.*

- *St. Lawrence County staff development day.* St. Lawrence County conducted a one-day training for all school staff, which was funded by Excellus Blue Cross Blue Shield. The training for school staff and other professionals included current health trends and

⁷⁶ CATCH homepage: http://www.sph.uth.tmc.edu/chppr/catch/curriculum_pe.htm

⁷⁷ Robert Wood Johnson Foundation. *Healthy Schools for Healthy Kids*; 2003.
<http://www.rwjf.org/publications/publicationsPdfs/healthySchools.pdf>

⁷⁸ www.sparkepe.org/index.js

statistics, and learning about research-based programs that work. Over 150 participants from all school districts attended. Outcomes from the day were networking, education, and a school health index that five school districts will begin implementing. The school health index is the self-assessment and planning guide developed by the Centers for Disease Control. Staff development days should be inclusive of the district staff fostering inter-county communication between districts.

3) *Increase knowledge about healthy food choices.*

- *California Project LEAN's Food on the Run.* Its main goal is to make teens more cognizant of health eating options, in addition to physical activities. The program also teaches students how to influence policy in their own school settings. At full intervention, Food on the Run worked with 28 low-income high schools in multiple counties. One aspect of the program “trained student advocates to conduct research, set goals, and formulate policy solutions to improve their schools’ food and physical activity environments.”⁷⁹ Results from the implementation in the 28 schools found statistically significant increases in the number of healthy choices available in school. Students also showed significant improvements towards their own nutrition, in the form of attitudes, knowledge, and behaviors.⁸⁰
- *School District of Philadelphia.* The district has developed a four-fold comprehensive nutrition policy to maintain continuity: nutrition education, food service, training, and family and community involvement. Healthy foods education will involve 50 hours per year of classroom instruction. The Division of Food Services will offer foods that support lessons from the classroom, engage in promotional campaigns within school around healthy eating, and establish nutrition advisory councils within schools that involve a cross section of stakeholders. All school teachers, elementary through secondary, will receive 10 hours of nutrition education training. Parents, through various mechanisms on behalf of the school, will be encouraged to be involved with school initiatives, as well as sustain healthy eating habits outside of school. Outcome evaluation will include collection of BMI’s and various other attitudes and behaviors to assess the

⁷⁹ www.californiaprojectlean.org/programs/foodrun

⁸⁰ www.californiaprojectlean.org/programs/foodrun

effectiveness of the nutrition policy, in addition to a cost-effective analysis of the nutrition policy.⁸¹

4) *Incorporate the parents in school based wellness initiatives.*

- *The High 5, Low Fat Program (H5LF).* Targeted for African American parents, educators introduced a new dietary program for parents via home visits, group meetings and newsletters. This program was conducted in conjunction with the Parents as Teachers program. The goal was for parents to increase fruit and vegetable consumption and decrease the intake of calories from fat. Parents' eating behaviors would serve as a role model for their children. Results showed parents increased their fruit and vegetable consumption. Improvements in modeling behaviors were not shown to be statistically significant.⁸²

⁸¹ Philadelphia Comprehensive School Nutrition Policy Task Force. Comprehensive School Nutrition Policy; 2002.

⁸² Haire-Joshu D, Brownson RC, Nanney MS, Houston C, Steger-May K, Schechtman K, Auslander W. Improving dietary behavior in African Americans: the Parents As Teachers High 5, Low Fat Program. *Prev Med.* 2003 Jun;36(6):684-91.

Recommendations for Setting Three: Healthcare

Create a healthcare environment that is more proactive in obesity prevention and healthy weight maintenance.

- 1) *Create incentives for providers to allocate more time and resources towards obesity prevention and healthy weight maintenance.*
 - *Patient-centered Assessment and Counseling for Exercise (PACE).* Studies have shown that if physicians spend extra time in assessing patients' dietary behavior and physical activity level, patients are more apt to respond to the lifestyle suggestions made by the physician. For instance, one study examined physicians delivering three to five minutes of structured counseling on physical activity to healthy but sedentary adults, followed by a brief telephone call from a healthcare educator.⁸³ At four to six week follow ups, 52% of intervention participants reported having adopted regular physical activity, but only 12% of controls did so.⁸⁴ Acknowledging this issue, PACE has done extensive research to develop tools that health care providers, health care systems, and individuals can use to make initial and sustained improvements in physical activity, diet and other lifestyle behaviors.⁸⁵ For the clinical setting, PACE has a computer assessment tool that gathers information on patient's physical activity and nutrition behaviors and interprets their current status to make tailored recommendations for change. Patients fill out the assessment while waiting to see the physician. During their visit, the physician spends a few minutes going over the PACE's computer assessment and action plan with them. Evaluations have revealed PACE tools to be successful, and current evaluations are also underway.⁸⁶
- 2) *Foster and support conferences on obesity in the hospital setting.*
 - *Health Promotion in the Office: An Approach to the Overweight Child.* This year's Annual Pediatric Teaching Day, on June 2, 2004, is sponsored by Upstate Medical

⁸³ Calfas KJ, BJ Long, K Patrick, M Pratt, JF Sallis, and WJ Wooten. *A Controlled Trial of Physician Counseling to Promote the Adoption of Physical Activity.* Preventive Medicine 1996; 25: 225-33.

⁸⁴ Frank Erica, Deborah A. Galuska, Kevin Patrick, Michael Pratt, James F. Sallis, and Howell Wechsler. *Interventions in Health Care Settings to Promote Healthful Eating and Physical Activity in Children and Adolescents.* Preventive Medicine. Volume 31, Issue 2. August 2000. S112-S120.

⁸⁵ <http://www.paceproject.org>

⁸⁶ Calfas, Karen J, Kevin Patrick, Michael Pratt, Judith J. Prochaska, Joan Rupp, James F. Sallis, Sheri Thompson, and Marion F. Zabinski. *Preliminary Evaluation of a Multicomponent Program for Nutrition and Physical Activity Change in Primary Care: Pace+ for Adults.* Preventive Medicine. Volume 34, Issue 2. February 2002. Pages 153-161.

University, Crouse Hospital, and St. Joseph's Hospital. The program objectives include participants being able to evaluate and manage the overweight child, identify high-risk family eating habits, provide practical solutions and determine whether an adolescent meets the criteria for surgical management of morbid obesity. SUNY Upstate Medical University designates this continuing medical education activity for a maximum of six category-one credits toward the AMA Physician's Recognition Award. The conference is approved for 7.2 contact hours by the Institute for Continuing Nursing Education at Upstate Medical University.

3) *Establish accessible diabetes management programs.*

- *New Leaf Choices for Healthy Living with Diabetes.* Developed at the University of North Carolina, New Leaf is a clinic and community-based diabetes intervention program designed to improve dietary, physical activity, and self-care behaviors of older African American women with Type 2 diabetes. The New Leaf Choices for Healthy Living with Diabetes program consists of four clinic-based health counselor visits, a community intervention with twelve monthly phone calls from peer counselors, and three group sessions. Recognizing that primary care staffing and service delivery capacity vary considerably, New Leaf devised several different strategies for implementation: one on one counseling, group discussions, self-help, and lay health advisors.⁸⁷ Participants found this program to be culturally competent. Its effects on diet, physical activity, and self-care behaviors will be assessed in a randomized trial.⁸⁸

4) *Provide additional obesity prevention programs in the healthcare provider setting.*

- *Bright Futures.* This is a comprehensive tool designed to be used in both the healthcare and community setting. Sponsored by the Health Resources and Services Administration, its goal is to “enable health professionals to put into practice the scientific knowledge critical to the healthy growth and development of infants, children, and adolescents.”⁸⁹ Moreover, the specific purpose of its materials is to enable nutrition and physical activity counseling in a wide range of settings in the community and

⁸⁷ <http://www.hpdp.unc.edu/wisewoman/newleaf.htm>

⁸⁸ Keyserling TC, Ammerman AS, Samuel-Hodge CD, Ingram AF, Skelly AH, Elasy TA, Johnston LF, Cole AS, Henriquez-Roldan CF. *A diabetes management program for African American women with type 2 diabetes.* Diabetes Educ. 2000 Sep-Oct; 26(5):796-805.

⁸⁹ <http://www.brightfutures.org/>

healthcare delivery.⁹⁰ In this way, the materials are geared as much to nurses as to physicians. Washington, Louisiana, and Virginia are already incorporating Bright Futures into their public health programs.

- *Baby Friendly Hospital Initiatives.* Several studies have revealed that the prevalence of overweight children is lower among children who were breastfed.⁹¹ In addition to nutrition and growth benefits, breastfed infants have lower rates of asthma and diabetes. The Baby Friendly Hospital Initiative, administered by Baby Friendly USA, recognizes hospitals and birth centers that have taken steps to provide an optimal environment for the promotion and support of breastfeeding. Hospitals receive the “baby friendly” designation when they successfully implement the World Health Organization/United Nations Children’s Fund’s “Ten Steps to Successful Breastfeeding.” Among the steps are informing all pregnant women about the benefits and management of breastfeeding, showing mothers how to breastfeed, having a written breastfeeding policy and a trained staff to implement this policy. Currently, there are 42 U.S birth centers and hospitals with the “baby friendly” designation.⁹²

⁹⁰ Frank Erica, Deborah A. Galuska, Kevin Patrick, Michael Pratt, James F. Sallis, and Howell Wechsler. *Interventions in Health Care Settings to Promote Healthful Eating and Physical Activity in Children and Adolescents.* Preventive Medicine. Volume 31, Issue 2. August 2000. S112-S120.

⁹¹ Centers for Disease Control and Prevention. United States Department of Health and Human Services. Resource Guide for Nutrition and Physical Activity Interventions to Prevent Obesity and Other Chronic Disease. Atlanta: CDC, 2003. <http://www.cdc.gov/nccdphp/dnpa/obesityprevention.htm>

⁹² <http://www.babyfriendlyusa.org/>

Recommendations for Setting Four: Worksites

The goal of worksite initiatives is to promote healthy lifestyle behavior at the worksite.

- 1) *Incorporate a comprehensive approach to health management at the workplace.*
 - *DaimlerChrysler National Wellness Program.* DaimlerChrysler established a national wellness program in 1985. The program is available to their 95,000 U.S. employees who work at a site of 500 or more employees. Participation is voluntary. The program includes availability of employee risk assessments, targeted health education programs for at-risk employees, support for weight and cholesterol management, fitness activities, and individual mental health counseling. The program is supported by on-site services such as fitness facilities, walking paths, and nutritious food choices in both the cafeteria and vending machines. The company has reported a reduction in health care costs, indicating a healthier workforce. Specifically, a savings of \$16 per employee per month was reported in 1995 and reduced health cost associated with participation in risk assessments and follow-up programs was also found to be significant.⁹³
 - *Pfizer Employee Health and Wellness.* Pfizer has created a multi-dimensional, integrated approach to wellness. Portions of this program are available to employees across the U.S. The program incorporates health risk assessment, health education, disease management initiatives, fitness centers, medical clinics, on-site physical therapy, and a managed disability program. In Pfizer's New York location, over 85% of employees participated in one or more program and 41% of employees attend the fitness center. The company increases employee awareness through both electronic and paper advertising campaigns. Return on investment for some services is significant. For instance, return on investment for physical therapy was 3.61:1 in 2001 contributing to high employee morale and a reduction in lost employee time.
 - *Onondaga County Working for Healthy Hearts Program.* The Onondaga County Health Department has recently concluded a five-year grant to promote health in the workplace. The grant focused on reducing employee risk of developing cardiovascular disease, by establishing wellness committees that assessed their specific worksite needs and created action plans to address the those needs. Action plans included initiatives focused on

⁹³ "Prevention Makes Common "Cents,"" US Department of Health and Human Services
<http://aspe.hhs.gov/health/prevention/>

increasing physical activity and nutritious eating. Plans incorporated a variety of ideas including development of indoor and outdoor walking paths and distributing those maps to employees, improving access to and upgrading the ambiance of stairways, creating employee gyms, making healthy foods available in the cafeteria and at meetings, and establishing a public awareness campaign regarding daily recommended servings of fruit and vegetables. The program targeted 25 mid-sized companies of 100-500 employees in Onondaga County. While statistical information on the program's impact has not yet been released, anecdotal evidence has found the program effective.⁹⁴

2) *Increase access to and support of physical activities.*

- *Waco-McLennan County Public Health District Worksite Wellness Training Program.* Over half of the Waco-McLennan County Public Health District employees participated in the worksite wellness training program. This program, located in Waco, Texas, focused on increasing employee physical activity by counseling employees on personal goals and teaching them about exercise routines. The program also gave employees one paid hour every workday to engage in physical activity. The program participants improved physical activity by 60%, reduced body weight by 20%, and decreased their blood pressure by four percent. Longer-term impacts include increased productivity and less absenteeism.⁹⁵

3) *Utilize point-of-decision prompts in the workplace.*

- *Point-of-Decision Prompts.* Numerous healthy workplace programs incorporate the concept of point-of-decision prompts in their overall strategy to increasing the health of their workforce. The Onondaga County Working for Healthy Hearts program is one of the many that incorporated such a strategy in their overall workforce wellness plan. Specifically, point-of-decision prompts make nutritious food available in the workplace at times when a food choice must be made. These situations include: the cafeteria, vending machines, and during conferences or meetings. In the Onondaga County Working for Healthy Hearts program, anecdotal evidence has shown that participating employees had positive health outcomes, some of which may be attributed to the point-

⁹⁴ Information gathered from an informational interview with Onondaga County Health Department staff.

⁹⁵ US Department of Health and Human Services Website.
<http://www.hhs.gov.news.press/2003pres/20031210.html>

of-decision prompts.⁹⁶ This program sought to encourage employees to use the stairs instead of the elevator by painting murals at each stairwell landing.

4) *Encourage and support breastfeeding.*

- *The Center for Disease Control and Prevention (CDC)'s Lactation Support Program.* In late 1996, the CDC created the Lactation Support Program to promote breastfeeding by CDC employees who are recent mothers. The program provides services such as breastfeeding counseling, classes, and consultations for new mothers. The program also provides use of electric breast pumps and the appropriate venue for pump usage in the workplace. This program has been viewed as an ongoing success, having assisted more than 200 employees. Most new mothers involved in this program successfully breastfeed for more than six months.⁹⁷
- *Texas Breastfeeding Initiative.* The Texas Department of Health, Bureau of Nutrition Services has made a broad effort to promote breastfeeding by providing a venue for breast-pumping at the workplace that includes space, electricity, and access to hygienic supplies. Texas has also focused on the accessibility issues such as promoting flexible time for new mothers. The goal of this program is to achieve a 50% participation rate by 2004. While recent numbers are unavailable, Texas was well on their way at last data collection in 1999 when 29.2% of new mothers reported to be breastfeeding six months after birth.⁹⁸

⁹⁶ Information gathered from an informational interview with Onondaga County Health Department staff.

⁹⁷ CDC National Center for Chronic Disease Prevention and Health Promotion website
http://www.cdc.gov/breastfeeding/compend-fed_work.htm

⁹⁸ Texas Department of Health, Texas Mother-Friendly Worksite Program
<http://www.tdh.texas.gov/lactate/mother.htm>

Recommendations for Setting Five: Low Income and Underserved Populations

Increase opportunities to learn about and engage in physical activities and healthy lifestyle choices for those who are underserved.

1) Create access to healthy, affordable food choices.

- *Electric Benefit Transfer (EBT).* In an effort to expand the NYC wireless pilot to upstate NY, 46 wireless, handheld EBT terminals have been provided to farmers and vendors in multiple farmers' markets in Western New York. These terminals allow the acceptance of food stamps for payment. The terminals were made available with \$100,000 in funds provided by USDA Food and Nutrition Service as part of the 2002 Federal Agricultural Appropriations Bill. The projects provided low-income families access to markets that provide high quality, locally grown fresh produce and other farm products. They also restored the ability of farmers and vendors to make sales to Food Stamp customers at farmers' markets lacking the electricity and power needed for standard EBT equipment.⁹⁹
- *Chenango County Food-Buying Club.* The Bullthistle Bounty program is a variant of the traditional food buying cooperative, designed to suit the needs of this primarily rural county. Bullthistle Bounty is a system of coupons used to purchase food from local sources such as farmers' markets and farm stands, which are spread out around the county. These coupons are made available to anyone, but low-income people receive a discounted rate, giving them more value for their food dollar. Joining with many public and private partners, Bullthistle Bounty strengthens the county's agricultural base as well as its residents' access to good food.¹⁰⁰

2) Create safe spaces for physical activity that are accessible to underserved populations.

- *University of Kansas Occupational Therapy Education Department Study.* A study was conducted at the Occupational Therapy Education Department, at the University of Kansas Medical Center, to increase physical activity among disabled women through behavior change, information sharing, and development of social support networks. There was a significant difference between the intervention and control group in peak heart rate and the total time spent each week on physical activity. While there was not a measurable difference in health measures such as weight, blood pressure or BMI, the

⁹⁹ http://www.fns.usda.gov/fsp/ebt/ebt_farmers_markstatus_4_01.htm

¹⁰⁰ http://www.hungeractionnys.org/commfood_bounty.htm

intervention group continued physical activity increases in their daily life throughout the six month study period, indicating future health benefits.¹⁰¹

- *Department of Disability and Human Development at the University of Illinois at Chicago study.* This study focused on increasing physical activity among African American adults with disabilities who are living in complicated social environments. This 12-week program involved participation in one-hour long exercise sessions three times per week that incorporated cardiovascular, flexibility and strength training. The intervention group has significant changes in strength and upper body composition, supporting the creation of an intervention that focuses on physical activity increases among people with disabilities and chronic illness.¹⁰²
- 3) *Increase access to education on healthy lifestyles for low literacy individuals.*
- *Stanford Nutrition Action Program.* This program is a series of education classes, targeted to low income adults with low literacy, focusing on dietary fat consumption. A study found that adults attending Stanford Nutrition Action Program classes had significantly higher knowledge of nutrition information and more positive attitudes concerning dietary choices than adults attending general nutrition classes. This study, run through the Stanford Center for Research in Disease Prevention at the Stanford University School of Medicine, found that the Stanford Nutrition Action curriculum addressed the specific cultural, economic and learning needs of low income adults with low literacy.¹⁰³
 - *Bariatrics Clinic at Howard University Hospital.* The Bariatrics Clinic, located in Howard University Hospital, created an individualized obesity control program for 16 African American adults, taking into account special needs of low literacy individuals. Participants lost an average of two pounds per week during the program. Besides the attention to cultural competence and low literacy needs, this program also falls under evidence based criteria due to the individualized programs developed for each participant.

¹⁰¹ Froehlich-Grobe K, White GW. (2004). Promoting physical activity among women with mobility impairments: a randomized controlled trial to assess a home- and community-based intervention. *Arch Phys Med Rehabil* ;85(4):640-8.

¹⁰² Rimmer JH, Nicola T, Riley B, Creviston T. (2002). Exercise training for African Americans with disabilities residing in difficult social environments. *Am J Prev Med* ;23(4):290-5.

¹⁰³ Howard-Pitney B, Winkleby MA, Albright CL, Bruce B, Fortmann SP. (1997). The Stanford Nutrition Action Program: a dietary fat intervention for low-literacy adults. *Am J Public Health*;87(12):1971-6.

According to the Task Force on Community Preventive Services, individually-adapted health behavior change programs are strongly recommended.¹⁰⁴

4) *Ensure programs to make healthy lifestyle choices are culturally competent.*

- *Steps to Soulful Living (Steps).* The Steps program is a culturally competent weight reduction program targeting African American women that ran for six months through the Kaiser Permanente Center for Health Research in Portland, Oregon. This six month program consisted of supervised exercise sessions and weekly group meetings. As participation in program activities increased, women lost more weight. The average weight loss was 3.7 kilograms, or 8.14 pounds, for all participants compared to an average loss of 6.2 kilograms, or 13.64 pounds, for women participating in 75% of group meetings.¹⁰⁵
- *Cuidando El Corazon (Taking Care of Your Heart).* This program was a culturally competent, family focused, weight loss and exercise program targeting Mexican Americans. This year long program addressed traditional foods by distributing a manual to each family that included recipes for low fat versions of customary foods. Family participants were divided into three groups: information-only, families receiving information and general nutrition classes, and families receiving the booklet and specialized classes that targeted specific changes for healthy lifestyle choices and increased physical activity. Program effectiveness was most clearly shown in the group that included information and the targeted classes, as these families lost the most weight. However, participation in the general nutrition classes still resulted in more weight loss than the information-only groups.¹⁰⁶

¹⁰⁴ Kaul L, Nidiry JJ. (1999). Management of obesity in low-income African Americans. *J Natl Med Assoc*; 91(3):139-43. Task Force on Community Preventive Service. (2002). Recommendations to increase physical activity in communities. *Am J Prev Med*; 22(4S):67-72.

¹⁰⁵ Karanja N, Stevens VJ, Hollis JF, Kumanyika SK. (2002). Steps to soulful living (steps): a weight loss program for African-American women. *Ethn Dis*; 12(3):363-71.

¹⁰⁶ Foreyt JP, Ramirez AG, Cousins JH. (1991). Cuidando El Corazon--a weight-reduction intervention for Mexican Americans. *Am J Clin Nutr*; 53(6 Suppl):1639S-1641S

Recommendations for Setting Six: Community Planning

Create physical and social environments that encourage and enable safe and enjoyable physical activity and healthy life style choices.

1) Encourage smart growth.

- *Wilkes-Barre, PA – Wyoming Valley Wellness Trails through Active Living by Design.*
This project utilizes a developing regional multi-use trail network to increase physical activity by linking 21 communities surrounding the Susquehanna River. More than 100 miles of multi-use trails will be developed in the next five years to connect communities with schools, shopping and recreation destinations. Education and promotion efforts include conducting cross-disciplinary forums for health professionals and planners, developing an Active Living Toolbox for employers, and establishing an active living web site. Promoting bicycling events for families, creating walking clubs for seniors and increasing commuting to work along the trails are additional key interventions.¹⁰⁷ Active Living by Design looks at city planning, architecture, recreation, crime prevention, and traffic safety in all of its community projects.

2) Encourage healthy food choice availability in underserved areas.

- *Rochester, NY.* This program has proved the public/private partnership successful in attracting supermarkets to the metropolitan area. The city worked with a local nonprofit citizens group, Partners Through Food, to bring large retail supermarkets back into Rochester. Tops, a local supermarket chain, agreed to build four new stores and expand an existing structure while the city agreed to contribute public monies to the project. Public funds were compiled through the Federal Enterprise Community Zone program, the CDBG program, Urban Renewal Trust Fund, and the HUD 108 program. In addition, Rochester also committed to partnering with Tops in developing a comprehensive plan to help improve the areas where the supermarkets would be located. No official study has been conducted to monitor the success of this project; however, the Tops Corporation is using this as a model of how the supermarket chain can contribute to urban redevelopment.¹⁰⁸

¹⁰⁷ http://www.activelivingbydesign.org/cgi-bin/albd.org/view_services.cgi?request=show_public_about,
<http://www.activelivingbydesign.org/index.php?id=1>

¹⁰⁸ Prevention Institute. Website: http://www.preventioninstitute.org/CHI_supermarkets.html

- *Hartford Food System.* In Connecticut, the Hartford Food System has a partnership with a medium-sized grocery store to deliver groceries to several areas surrounding Hartford. This service is intended for senior citizens who are unable to do their own shopping due to illness, frailty, or disability.¹⁰⁹
 - *The Children's Garden Project.* The Children's Garden Project, in Williamson County, Texas, was one of 50 gardens in the nation elected for funding from the General Mills Foundation. The funds will be used to establish a children's garden that offers hands-on education to children, families, schools, and daycare centers. Those who visit the garden will learn about plants, nature, and healthy fruits and vegetables. They will also be introduced to a variety of ways to incorporate a vegetable garden into their back yard, apartment, or playground.¹¹⁰
- 3) *Encourage alternate forms of transportation.*
- *Bicycle Friendly Communities.* This program issues awards to exemplar communities on their efforts to encourage bicycling as a mode of transportation. In Auburn, Alabama, bicycling and bike safety education is taught in five elementary schools. The Auburn Bicycle Committee offers a Bike Bash, which brought together cyclists of all ages and skill levels for a ride highlighting Auburn's newest bicycle facilities. Also offered is the League of American Bicyclists Road I Course, a trail clean-up day, and the Auburn Bicycle Tours Guide, which contains maps and descriptions of recommended bicycling routes throughout the city. Auburn regularly maintains its bicycle facilities, such as its arterial bike lanes and places bike racks on its buses. Auburn has an ambitious bicycle plan within its Auburn 2020 plan that will expand the current bicycle network into a comprehensive system.¹¹¹
 - *Safe Routes to School (SR2S) Arlington County, Virginia.* This program will pay for complementary measures, such as crossing guards, signage, striping, and stamped asphalt. A traffic calming program is used to place speed humps and extend curbs near schools. In addition, the county is redesigning its school renovation and expansion projects to incorporate pedestrian safety improvements. To raise awareness, information

¹⁰⁹ Hartford Food System. Website: http://www.hartfordfood.org/programs/grocery_delivery.html

¹¹⁰ <http://pferrigno.brinkster.net/gardens/nav/gardenupdates.htm>

¹¹¹ <http://www.bicyclefriendlycommunity.org>

about the SR2S program is included on utility bills and announced on cable television stations.¹¹²

- *National or International Walk to School Day*. This program, which was established by the CDC and through organizations such as the Partnership for a Walkable America, communities can find various resources for planning and funding. The goal is to expand this program from a single event to a broad campaign to increase walking at the community level.¹¹³

¹¹² National Center for Bicycling and Walking. Website: <http://www.bikewalk.org>

¹¹³ <http://www.walktoschool-usa.org>, <http://www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm>,
<http://www.rwjf.org/news/special/sprawlResources.jhtml>

Implementation Recommendations

Communication

All of these recommendations are made to stand alone or work in conjunction with other programs and stakeholders. We strongly believe that your role in facilitating these programs is to initiate and foster communication. Your cooperation and influence is critical to addressing obesity in Onondaga County.

Implementation

Funding is a pre-requisite for implementing any action steps. In order for the Commission to be effective, interested constituencies must assume responsibility for providing necessary monetary resources. While the Commission itself does not have a formal budget, its members have influence in the community and access to organizations with financial and other resources. It should be a priority for the Commission to capitalize on these relationships. Funding can come from private and public sources and can be utilized for programs, facilities, and building human capital. Therefore, based on our interviews, research, and stakeholder analysis, we recommend the following two actions for the Commission to take.

Community-Wide Stakeholder Kick-Off for Health

The goal of the Kick-Off is to initiate and coordinate community stakeholders in actions to combat obesity in Onondaga County. The primary message of the Kick-Off will be that the obesity epidemic will not be slowed until large scale continuous community-wide campaigns are launched. The potential for this type of information onslaught is available in Syracuse. The resources in the city are abundant. The purpose of the Kick-Off is to assemble interested and influential parties to work together and communicate on the same level.

Outcome Objectives

- Make obesity awareness a priority in the community
- Establish a coordinated community information campaign
- Start a dialogue and create venues to continue dialogue
- Understand current Onondaga County programs and resources

Output Objectives

- To plan and execute a community-wide health awareness symposium, inviting all interested stakeholders to the event

- To gain an attendance of at least 100 professional invitees To establish at least three action steps which target the obese in Onondaga County
- Identify task masters responsible for following through on action steps

Key Publics

- *Health Care providers in Onondaga County*
 - As health care professionals, physicians are key to ensuring obesity is dealt with and cared for properly. With the wealth of information they have, ensuring they communicate with one another and with the community at large is crucial. There is an abundance of quality physicians in the area; creating a central common goal is important to fighting the obesity epidemic.
 - As gatekeepers, nurses, clinicians, physical therapists, dieticians and insurance companies are equally important in treating and preventing obesity. Nurses and clinicians often spend more time with patients than physicians. Insurance companies are crucial; changes in insurance policy limitations may go a long way in helping the overweight/obese in the community.
- *School District officials*
 - SCSD and NSCSD have excellent resources and have instituted various programs to help students become more active in schools and make healthier food choices. Including them in a comprehensive health care objective is critical to reaching young children. It is important to stem the tide that has already started in children, as well as promote healthy lifestyles for all children.
- *Syracuse University professionals*
 - Utilizing the human capital, tools, and connections at SU, along with their programs and ideas for combating obesity, will also further efforts to address the epidemic. Again, several programs and ideas are accessible and available through SU, as well as countless opportunities to include the community at large.
- *Church and Community leaders*
 - Including church leaders and community service providers is critical to reaching an underserved audience. By including stakeholders with access to a captive audience, the symposium will have a more direct and immediate effect on the

Onondaga County population. Organizations like the YMCA and the Boys and Girls Club, and local trade associations can work together to teach healthy living.

- Local Employers
 - Business leaders will learn how to promote healthy lifestyle choices in the workplace.
- Legislative and county officials
 - As our policymakers and legislators continue to become aware of health-related issues, the more likely they are to propose and support health care initiatives in Albany and in local communities.
- The Media
 - Members of the media should be invited, provided with information and a contact list, and connected with outlets for interviews. Publicity is key to a community wide effort. Retaining a public relations firm to advertise the event and continue the campaign once the event is over might also lead to success.

Tactics

- Advertise the event to key publics by utilizing the contact list found in the Resource Guide
- Promote and encourage healthy lifestyles through physical activity and healthy choices
- Encompass all aspects of healthy life and all ages, races, and genders
- Have a speakers bureau with health care professionals and community leaders
- Create an interactive setting where attendees exchange ideas and strategies
- Have media packets readily available, with handouts, op-ed pieces, and press releases regarding goals and objectives of the symposium

Evaluation

- Create a contact sheet for attendees that can be distributed at the end of the event, to ensure continued dialogue. Conduct an event evaluation to determine areas for improvement and ability of attendees to make a time commitment.
- Document all mass media resulting from the event. Such measures include advertisements, editorials, news stories, and television and radio coverage.
- Include a response card, so attendees can record later thoughts or observations.

- Schedule a follow-up meeting or email, and count how many people from the first event attend or reply.
- Monitor progress within Onondaga County in terms of programs started, merged, or failed.
- Encourage physicians, nurses, school officials, and community leaders to take BMI measurements immediately after the event, and once again after a program has been completed.

Employ a full time staff person to administer programs.

By hiring a full time staff person to organize and facilitate communication, the Commission can more efficiently execute any and all programs designed to fight obesity. Hiring a full time person is an efficient way to ensure that the goals will be met. Communication and saturation are central to success in the campaign to combat obesity.

Outcome Objectives

- Ensure the goals of the Commission are met
- Continue the community information campaign
- Organize and coordinate communication and information sharing
- Serve as a point person for the Commission and its partners to better facilitate the Commission's goals

Output Objectives

- To execute the objectives laid out in the Commission's plan
- To work to facilitate communication as well as serve as research assistant, grant writer, and funding coordinator
- To serve as a contact for media and public inquiries
- To assist any members of the Commission or its partners with administrative duties related to fighting obesity

Evaluation

- Measure BMIs at beginning and end of programs
- Determine if behavior changes are taking place based on scope of program
- Count the number of people participating in each program and record any attrition rates
- Observe who among the invitees are working together to create and execute programs.